

Time Survey Questions from the 9/5/03 Train the Trainers Session

Code-Specific Questions

1. Q: What happens if a district simply instructs their employees to code all nonclaimable hours to **Code 1**?
A: On an audit, the time surveys would be invalid.
2. Q: Time survey staff will be at a required conference during the survey week, how do they code and how will this affect our potential reimbursement?
A: They should survey to **Code 1**, School Related Education and Other Activities. These are unallowable time for MAA, and the district would not be allowed to claim for this time unless the training had some specific training to a MAA allowable activity.
3. Q: Should time spent arranging for LEA-billed transportation during the MAA time survey week be coded to **Code 2**, Direct Medical Services?
A: For case managers, yes. For non-case managers, code time spent arranging for LEA-billed transportation to **Code 10**, Transportation-Related Activities in Support of Medi-Cal-covered services.
4. Q: If a nurse is providing a service, such as **Code 2**, realizes that the patient needs more services, and does **Code 4**, is the proportional time spent billable?
A: Yes.
5. Q: How does a school district decide whether to bill LEA Medi-Cal Billing Option (TCM) or MAA? I am concerned that we are excluding MAA time because they may be claiming TCM through the LEA Medi-Cal Billing Option.
A: You can claim for both MAA and the LEA Medi-Cal Billing Option; however, when you time-survey, LEA Medi-Cal Billing Option time is surveyed to **Code 2** "Direct Medi-Cal Services." Be careful not to duplicate time in other codes. Case managers participating in LEA billing for IEP case management cannot claim **Code 8** "Referral, Coordination, and Monitoring."
6. Q: Please distinguish the differences between **Code 4** (Outreach) and **Code 8** (Referral)?
A: **Code 4** refers to general information given (usually just once) for a student/family about accessing Medi-Cal services. **Code 8** is specific to a student who will need on-going coordination and monitoring of services.

7. Q: Is Activity A in the old program the same as **Code 4** in the new program? Is Activity B the same as **Code 8**?
- A: **Code 4** could best be described as the old Activity B and **Code 8** is a completely new code. **Code 4** deals with informing Medi-Cal eligibles and potential Medi-Cal eligibles about Medi-Cal programs and services and how to access them. Code 8 is similar to case management in that it is referring, coordinating, and monitoring after the eligible or potentially eligible person has been informed of the programs and services available.
8. Q: In **Codes 4 and 8**, how do we know a student or other person is Medi-Cal eligible?
- A: It is not important to know if a person is Medi-Cal eligible. **Code 4** is used for informing eligible and potentially eligible individuals about Medi-Cal programs and services and how to access them. It is important that the referrals are to Medi-Cal providers. **Code 8** is used for referrals made to a Medi-Cal provider; the Medi-Cal discounting percentage will be applied to ensure correct allocation of time between Medi-Cal and non-Medi-Cal students.
9. Q: Does **Code 6** include Gateway—Medi-Cal Registration?
- A: If a school is a CHDP provider, they may determine a child prospectively eligible for Medi-Cal. Time spent on these “Gateway” applications and determinations are considered MAA.
10. Q: Regarding Medi-Cal/Healthy Families application: Can they apply for Healthy Families without applying for Medi-Cal? If the Medi-Cal box isn’t checked, then it’s not billable to MAA.
- A: Yes, they can apply to Healthy Families without applying to Medi-Cal. If the “I do not want Medi-Cal” box isn’t checked, you can claim MAA **Code 6**.
11. Q: Regarding **Code 8**: I have LEA staff who refer families to a Medi-Cal FQHC Clinic for student health needs. The staff monitor referrals and assist with access by completing forms, checking that appointments are made, etc. Is this Code 8?
- A: Yes.
12. Q: Clarify what is part of the direct service rate:
- Q.(a) How do you distinguish “student follow-up” for coordinating and monitoring (**Code 8**)?
- A: The service is defined in the IEP.
- Q.(b) How do you code developing goals for IEP services?
- A: **Code 1**.
- Q.(c) Can you code IEP reviews to **Code 8**? Preparation for IEP review meeting?
- A: Only as it relates to Medi-Cal services, and only if you are not doing these activities as part of TCM.

13. Q: Why can't we claim for referrals to care for students who fail vision screenings? These referrals are not mandated: only parent notification is mandated.
- A: You can claim as **Code 8** "Referral, Coordination, and Monitoring."
14. Q: It is unclear what is the difference between **Codes 7 and 8**. Our district contracts out vision and hearing, and I organize and coordinate the testing. Is that time not claimable? When children fail their tests, I send letters and make phone calls providing the Healthy Families/Medi-Cal phone number. Is that billable?
- A: The coordination of testing or screening for all students as part of the state-mandated testing is considered free care. Only the follow-up for students who failed a test/screen is claimable under **Code 4** (general information) or **Code 8** (specific to that student) to assist them with access to a Medi-Cal provider.
15. Q: What about immunizations and physical exams as billable MAA?— Specifically, the time spent in monitoring, recording, and referring for immunizations and physical exams that we do not bill under LEA?
- A: You must ensure the free care policy isn't violated. If these are state-mandated for all students, then they are not claimable. If these are special situations, as in student-specific, and not part of mandated testing, your time is **Code 8**.
16. Q: Regarding Exercise 2, Question 3: If health education is billed by the nurse to the LEA program, does the translation become **Code 12**?
- A: If you are translating a conversation on the importance of good dental hygiene for a school nurse, this is a **Code 11** as it would be considered an education component of healthy lifestyle choices. However, if the nurse should do a dental assessment because of obvious dental health issues and you translate for the family that she is referring the student to a Medi-Cal provider for care, it would be considered **Code 12**.
17. Q: Is this a typo? **Code 13**, Medi-Cal PP&PD for non-Medi-Cal services?
- A: No. **Code 13** is Program Planning, Policy Development, and Interagency Coordination Related to Non-Medi-Cal Services.
18. Q: Are **Codes 13 and 14** limited to only collaborative activities with other agencies? Can the planning be solely intra-district and still be claimable?
- A: These codes are not limited to only collaborative activities with other agencies. This activity is billable using **Code 14** if it's related to Medi-Cal services

- 19.Q: Do we “have” to know each professional that accepts Medi-Cal? Many times we do not know which doctors are accepting Medi-Cal?
- A: You must only know which local school district employees are billing via LEA billing. For community providers, when you claim time under **Codes 4 or 8**, you need to know who accepts Medi-Cal. When researching professionals accepting Medi-Cal, your time is **Code 14**.
- 20.Q: Regarding **Code 15**: Why can't we claim training for vacant positions in September that we hired and trained in February?
- A: There are no costs for salaries in the 1st Quarter, and they didn't time-survey.
- 21.Q: Regarding **Code 15**, Training: You said training is only claimable in the 1st quarter. How about new staff who participate in the following quarters? They need to be trained to time-survey. Can't they code to training?
- A: Training is allowed during the time survey week only during the first quarter of the transition year 2003–04. After the first quarter, all training of new staff must be completed prior to the survey week, and therefore would not be claimable time.
- 22.Q: If an employee is absent on one of the time survey days, they would code their time to **Code 16**. If they are away from school (at a conference), can they then time-survey the following week? Or should they start when they return?
- A: No. If the employee is being paid, they must time-survey during the specific time period. However, check the conference agenda. If it includes anything about Medi-Cal, they may be able to code some of the time to MAA.
- 23.Q: If a school secretary administers first aid (not billable through LEA billing), is that **Code 16**?
- A: No, it wouldn't be considered General Administration: it's a direct service. **Code 2**.

General Time Survey Questions

- 24.Q: If we prepare the claiming plan and it does not meet with **DHS approval**, what will happen to our claiming unit?
- A: There is no longer a claiming plan. It has been replaced by an Operational Plan, which will mainly consist of the audit file. If DHS does not approve of an invoice because of a lack of audit materials, they will defer the invoice.

25. Q: What happens **if the samples are incorrect** or do not describe the MAA activity? Is the survey thrown out, or can the individual make corrections when the Supervisor/Coordinator discovers the error?
- A: The new responsibilities of the LEA Coordinator include the requirement to review time surveys, question samples and codes, and discuss the survey results with the participant. The participant may correct surveys and initial, but the coordinator may never change anything. If all the samples for a specific code are incorrect for a time survey, the time surveyed for that code should be disallowed, and the participant should be retrained. If an LEA coordinator finds that a significant number of the of the time survey samples are incorrect, 20% or more, then the entire time survey should be disallowed.
26. Q: Is this the **final version of the time survey** form for September 22?
- A: The current version of the time survey form will always be posted on the website.
27. Q: Is the **time survey by position or by employee name**?
- A: By position.
28. Q: Are **employee numbers** mandatory?
- A: No; however, you need to have a unique identifier. Perhaps use the last four digits of the employees SSN or telephone number.
29. Q: For job classifications, **if they entered the wrong title**, can we use whiteout to correct it, or do we cross it out and enter the correct title?
- A: Cross out the incorrect title, enter the correct title, and initial the change.
30. Q: Can we give each employee their Excel worksheet with their **name, job title, and training date typed onto the sheet**? Or does the participant have to complete this information?
- A: The employee should fill out the training date, and sign. The rest can be filled in for them.
31. Q: Do you recommend that the **word “Medi-Cal” is actually written** in the samples?
- A: If you are discussing Medi-Cal services or programs, it would be appropriate to indicate that. You want the survey samples to be a good audit file for the activities you are doing.
32. Q: Can we modify the time survey by **bold-shading claimable activities**?
- A: There no longer is any reason to isolate codes if someone truly performs those duties. Instead, you may want to look at their duty statements to determine if those activities are appropriate and add them.
33. Q: If **more pages** are needed for the samples, can any paper be used?
- A: Please use the survey page form.

34. Q: May I ask staff to leave blank **the activity line total** and allow accounting to add up and write in the total?
- A: It is safer, for audit purposes, to have the time survey participant add up their surveys, to prevent obvious errors.
35. Q: How long does the **training** have to be?
- A: There is no set time, but it must be comprehensive, and contain an interactive question and answer module.
36. Q: My school is **on break the last week** in October. Can we survey the next week?
- A: Yes. If you are on break, you may time-survey the first five consecutive days you return to school. This must include Monday, Tuesday, Wednesday, Thursday, and Friday. Saturday and Sunday cannot be included in the time study. This doesn't count for vacation, sick time, etc. However, the entire school must survey the same five days.
37. Q: Must we have **training** sessions prior to each survey week?
- A: Each employee must be trained annually, before they time-survey for that year. If a new employee starts in time to be claimed for the 2nd quarter, they must attend time survey training in order to time-survey.
38. Q: Can we provide a completed sample survey during our **training** to show staff how to enter data on the survey sheet?
- A: Yes.
39. Q: What if you are **training** in the second or third day of the survey week?
- A: The participant should fill in the survey retroactive to the first day. Note: this is allowed during this transition year in the first quarter ONLY.
40. Q: How can we complete invoices for 1st & 2nd quarters if **training** is not scheduled until January 2004?
- A: For this first year, invoices cannot be completed until after the training; however, all the data can be gathered in preparation.
41. Q: If "Discounting" won't be covered until invoice training, how is the **Medi-Cal percentage** calculated for the July–Sept. quarter?
- A: The Medi-Cal percentage is the tape match made for the LEA Billing Option, or an Actual Client Count. Collect the data now, and the invoice training will specify how to apply it.
42. Q: Are there alternative ways to calculate **Medi-Cal percentage** other than actual count or match?
- A: No. Not at this time.

43. Q: For participating community colleges, the “head count” is not known. May these colleges use the CWA as a discounting methodology?
A: This will be discussed at invoice training.
44. Q: What calculation is used to **average the 4th quarter**?
A: The correct calculation to be used hasn’t been determined at this point. DHS will provide further instructions at the invoice training.
45. Q: You stated that we can **average the 4th quarter** if we time surveyed during the first three quarters. Is that by individual or claiming unit?
A: If the claiming unit time-surveyed during the first three quarters, the claiming unit may use the average of the three quarters to arrive at the results for the 4th quarter. This will be discussed in further detail at the invoice training.
46. Q: What are the **4th quarter time survey dates**, or may we choose the dates?
A: DHS will identify the five-day survey period in a timely manner.
47. Q: What are the chances of getting only a portion—25%—of **staff to time study** each quarter, or a **random moment sampling** process?
A: Currently, this isn’t how the program is designed. However, DHS may consider this option at a later date if a statistically valid sampling methodology is designed and approved by DHS and CMS.
48. Q: What do you enter in the school site box on the survey if someone, such as **a manager, is not connected to a school**?
A: Report his or her relationship to the unit in which he or she is time-surveying.
49. Q: What do you indicate in the Classification box if the **employee has multiple job classifications**?
A: Put both classes down, this should match with the Grid.
50. Q: If a secretary for Special Education **does not time-survey** but provides support for employees that do, how do you figure her costs?
A: The secretary’s costs are allocated based on the time surveys of the people he or she supports.
51. Q: Is there a **threshold for number of time surveys** for a valid claim?
A: No.
52. Q: Where should you list the time-surveyed **staff’s normal hours worked**?
A: The current version of the time survey form has a space for listing the hours.

53.Q: Some teachers are paid a daily rate to work a contracted day. The contract language with the bargaining unit states that the paid workday ends when all the duties have been completed. This leads to many teachers to conduct **activities beyond their contract work hours**. Is this acceptable? How would we log this on the survey form?

A: The time survey must match the time cards/contract. If the contract doesn't specify specific hours or number of hours, the teachers should time-survey for the entire day they worked. There is a second page to the time survey form for hours 9–16.

54.Q: Can staff claim time during their “paid” time on the survey if an **activity is done after their required in-district time**? For example, claimable activities that took place at an IEP meeting from 4:00 p.m. to 6:00 p.m.?

A: Only “paid time” can be time surveyed. If the contract specifies eight hours, the time starts when school starts, and continues for the subsequent eight hours. If the IEP meeting falls outside of those eight hours, they cannot time survey to it.

55.Q: Can we include **comp time or overtime** on the time survey?

A: Yes.

56.Q: Why does CMS want **nonclaimable hours** broken down into such detail?

A: To ensure that the hours are correctly reported.

57.Q: We have staff that interact with the student's family throughout the course of the day. During each encounter, approximately five to ten minutes are spent discussing Medi-Cal services and referral to eligibility. May we **accumulate the different encounters throughout the day** to determine MAA outreach, i.e., $6 \times 5 = 30$ minutes? Or if not, how do we handle this?

A: When staff perform eight continuous minutes of a MAA service, it can be rounded to 15 minutes or 0.25 of the hour.

58.Q: If an employee is paid for a six-hour day and the **start/stop times are not defined**, how would that employee time-survey if they worked an eight-hour day?

A: They would only code for their paid time of six hours unless they received supplemental pay or comp time to complete their professional duties as defined in their job description. The start time would be the time the school session begins.

59. Q: Is the **transportation** activity exclusively for the IEP students for services directed by their IEP?
- A: No. The transportation activity for medical purposes is allowable for students and families, even those without IEPs, as long as the time spent arranging services is to a Medi-Cal service. The discounting methodology will allocate costs between Medi-Cal eligible and ineligible children. Providing home-to-school transportation is no longer a MAA activity.
60. Q: Our nurses (RNs) are listed under **PP&PD** in our claiming plan, but they are not administration. Can they still claim PP&PD?
- A: Yes, as long as their job description includes PP&PD.
61. Q: How many **samples for each code** do you need to cite?
- A: Two or three samples per code for the time survey period—not each day.
62. Q: We want to provide services equally for **Medi-Cal and non-Medi-Cal students**. Will staff know who is on Medi-Cal and not to do time surveys? Where do we get and give that info?
- A: The time survey participant needs to ensure they code accurately to Medi-Cal activities. The discounting percentage will allocate time to Medi-Cal and non-Medi-Cal activities.

Other Questions

63. Q: Are outreach activities for the **State CHIP program** allowed?
- A: The State CHIPS program, also known as Healthy Families, has joint outreach and enrollment materials for Medi-Cal/Healthy Families. Healthy Families outreach may be claimed through MAA because it is actually Medi-Cal Healthy Families outreach.
64. Q: Where can we find a complete **list of Medi-Cal-covered services**?
- A: In the Medi-Cal Provider Manual at www.medi-cal.ca.gov.
65. Q: How often will the **website be updated**?
- A: The website will be updated to reflect the Q&A from the trainings prior to the first 2003–04 time survey week, and as DHS receives approval from CMS on the manual. After that, the website will be updated as needed.
66. Q: In reference to **free care**, why are we including non-Medi-Cal recipients?
- The DAB decision from California says about free care: “Medicaid has no interest in charging non-Medicaid recipients only in assuring that any other liable third parties pay their share for Medi-Cal recipients”(paraphrased).
- A: Medi-Cal is the payer of last resort. Non-Medi-Cal recipients are identified as the party that makes services free care. When they receive such services, the burden exists to demonstrate that no other third party insurance is liable for payments to Medi-Cal recipients.

67. Q: Why can't health/Medi-Cal outreach/**ChildFind type activities** be claimed?
A: Child Find activities are mandated by IDEA, which requires that all children with disabilities residing in the state who are in need of special education and related services must be identified, located, and evaluated. This activity must be distinguished from outreach.
68. Q: How are you dealing with the **provider participation rate**, per the CMS Guide?
A: At this time, California does not have a provider participation rate as part of the approved methodology. When referring and monitoring Medi-Cal covered services, it is expected the MAA participant knows if their LEA, and other major providers in their area are Medi-Cal providers.
69. Q: If the school claiming unit **contracts with a vendor** to coordinate their MAA program, should the LGA/LEC coordinator work with the vendor or work with the school directly?
A: The LEC/LGA Coordinator should always work with the district/COE directly. The DHS contract is with the LEC/LGA, and the LEC/LGA has a sub-contract with the district/COE. The district/COE has the contract with the vendor. There is a shift in responsibility with this new program and the district/COE coordinator must have a solid knowledge of the MAA program.
70. Q: Do you need to change the operational plan in order to **bill new codes**, i.e., Code 8 or Code 12?
A: No. The claiming grid will reflect activities for which MAA time is claimed by the participant group. The operational plan must include job duty statements that reflect the activities surveyed by the participants' as part of their duties. If not they should not be claiming or their job duties need to be reviewed.
71. Q: When will we hear the results of the **1999–2000 CMS audit**?
A: Only 25% of the requested invoices were audited. A letter was sent to those claiming units who had exceptions. The LGA and LEC Co-Chairs will get a list of all 33 invoices that were reviewed. At this time, we don't know when CMS will review the remaining 75%.
72. Q: Does or will the Federal Government provide **additional funding** to support Medicaid via "No Child Left Behind"?
A: No funding specific to Medi-Cal has been added to support this federal special education program.
73. Q: Can a **city/community college participate in MAA**? If so, what limitations or requirements must be met, since they do not do LEA billing?
A: They must refer students to outside community Medi-Cal providers.

74.Q: Will there be any **new training for outreach** (i.e., Healthy Families Medi-Cal applications) for those families who need and request help in signing up?

A: You should check with the Healthy Start Office at California Dept. of Education at www.mrmib.ca.gov.

75.Q: How can we motivate people to do the time studies when we have not received **timely payments on invoices**?

A: DHS has 24 months from date of service/activity to claim reimbursement from the Federal Government. Once the LEC/LGA receives payment, funds will be returned to claiming units per contract agreement. Once funding starts for claiming units, they should receive funds yearly.

76.Q: Must a new **Claiming Unit Functions Form** (the Grid) be submitted each year?

A: The Grid is submitted with each quarterly invoice based on who is claimed in the invoice, with a copy retained in the audit file.